

CLAIMS ONLY							Application Number <b>10659866</b>		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51			
2	cancel						52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9	cancel						59			
10							60			
11	cancel						61			
12	cancel						62			
13							63			
14							64			
15							65			
16							66			
17							67			
18	cancel						68			
19							69			
20							70			
21							71			
22							72			
23							73			
24							74			
25	cancel						75			
26							76			
27							77			
28							78			
29	cancel						79			
30							80			
31							81			
32	cancel						82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	8						Total Indep			
Total Depend	10						Total Depend			
Total Claims	20						Total Claims			